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510(k) SUMMARY OF SAFETY AND EFFECTIVENESS

The following information is being submitted in accordance with the requirements of 21 CFR 807.92.

General information

Company Name:

Philips Medical Systems Nederland BV

Address:

Veenpluis 4-6

Best, Netherlands, 5684 PC

Registration No.:

1217116

Contact person:

Lynn Harmer

Manager, regulatory Submissions

Tel: (425) 487-7312 Fax: (425) 487-8666 Lynn.Harmer@Philips.com

Date Prepared:

9 November 2004

Device (Trade) Name:

ACHIEVA family

Classification Name:

Magnetic Resonance Diagnostic Device (MRDD)

Classification:

Class II

Product code:

LNH

Performance standards:

NEMA voluntary standards, FDA MR Diagnostic Device Guidance, UL and IEC 601 appropriate safety

standards and/or draft standards are used.

Predicate Device(s):

The Philips Medical Systems ACHIEVA is the successor of the already cleared (predicate device) INTERA ACHIEVA family release 1-series (ref.K031815).

Indications for use:

The ACHIEVA family consists of diagnostic devices that produce cross-sectional images, spectroscopy images and/or spectra in any orientation of the internal structure of the whole body. These images when interpreted by a trained physician, yield information that may assist in diagnosis.

Device description:

The ACHIEVA family is the successor of the predicate Intera Achieva family release 1-series.

The design of ACHIEVA family is based on the same software platform and hardware technology as its predicate device. All MR system parts of the ACHIEVA family have the same appearance.

The ACHIEVA family is extended with enhancements and new functionalities for contrast enhanced MRA techniques and faster scanning techniques. Furthermore it is extended with SENSE Body wrap coil RF-coil and extension of multi-nuclei spectroscopy with 3T coils.

General Safety and Effectiveness

The ACHIEVA family does not induce any other risks than already indicated for its predicate device with the same safety and effectiveness.

Substantial Equivalence

It is the opinion of Philips Medical Systems that the Philips ACHIEVA family is substantially equivalent to its predicate device Intera Achieva.

End



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

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Mr. Lynn T. Harmer Manger, Regulatory Submissions Phillips Medical Systems North America 22100 Bothell Evert Highway Post Office Box 3003 98141-3003 BOTHELL WA 98021-8431 Re: K043147

Trade/Device Name: Achieva Family Regulatory Number: 21 CFR 892.1000 Regulation Name: Magnetic resonance

diagnostic device

Regulatory Class: II Product Code: 90 LNH Dated: January 10, 2005 Received: January 12, 2005

Dear Mr. Harmer:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the <u>Code of Federal Regulations</u>, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at one of the following numbers, based on the regulation number at the top of this letter:

21 CFR 876.xxxx 21 CFR 884.xxxx	(Gastroenterology/Renal/Urology) (Obstetrics/Gynecology)	240-276-0115 240-276-0115
21 CFR 892.xxxx	(Radiology)	240-276-0120
Other		240-276-0100

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Nancy C. Brogdon
Nancy C. Brogdon

Director, Division of Reproductive, Abdominal, and Radiological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

510(k) Number (if known):	<u>KOY 3147</u>
Device Name :	ACHIEVA family
Indication For Use :	
images, spectroscopy images	ists of diagnostic devices that produce cross-sectional ages and/or spectra in any orientation of the internal dy. These images when interpreted by a trained physician ay assist in diagnosis.
Prescription UseX (Per 21 CFR 801.109)	OR Over-The-Counter Use
PAGE IF NEEDED)	BELOW THIS LINE - CONTINUE ON ANOTHER CORH, Office of Device Evaluation (ODE)
(Division Sign-Off Division of Repro- and Radiological I 510(k) Number	luctive. Abdominat